FORM D

UNITED STATES

1425176

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

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NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB API	PROVAL
OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated average	e burden
hours per respo	nse16.00
SEC USI	E ONLY
Prefix	Serial

DATE RECEIVED

802 00	
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series B Preferred Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	Stock the box(es) that apply :
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Appirio, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 900 Concar Drive, San Mateo, CA 94402	· · · · · · · · · · · · · · · · · · ·
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	PROCESSED
· · · · · · · · · · · · · ·	
Actual or Estimated Date of Incorporation or Organization: 0 8 20 06 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for St	ate:
77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address due, on the date it was mailed by United States registered or certified mail to that address. Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washingt Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must	ter the date on which it is ally signed must be fering, any changes thereto,

ATTENTION

be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Filing Fee: There is no federal filing fee.

* A. BASIC IDENTIFICATION DATA	
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 	of the issuer;
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General Managin	and/or 1g Partner
Full Name (Last name first, if individual)	
Barbin, Chris	
Business or Residence Address (Number and Street, City, State, Zip Code)	
00 Concar Drive, San Mateo, CA 94402	
Check Box(es) that Apply: Promoter 🛛 Beneficial Owner 🖾 Executive Officer 🖾 Director 🔲 General Managi	and/or ng Partner
Full Name (Last name first, if individual)	
Singh, Narinder	
Business or Residence Address (Number and Street, City, State, Zip Code)	
100 Concar Drive, San Mateo, CA 94402	
Check Box(es) that Apply: Promoter 🛛 Beneficial Owner 🖾 Executive Officer 🔲 Director 🔲 General Managin	and/or ng Partner
Pull Name (Last name first, if individual) Weinstein, Glenn	
Business or Residence Address (Number and Street, City, State, Zip Code)	
00 Concar Drive, San Mateo, CA 94402	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General Managin	and/or ag Partner
rull Name (Last name first, if individual)	
D'Brien, Michael	
Business or Residence Address (Number and Street, City, State, Zip Code) OO Concar Drive, San Mateo, CA 94402	
Managii	and/or ng Partner
full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code	
The Landmark at One Market, Third Floor, San Francisco CA 94105	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General	
full Name (Last name first, if individual)	g Partner
equoia Capital	
susiness or Residence Address (Number and Street, City, State, Zip Code)	
000 Sand Hill Road 4-180, Menlo Park, CA 94025	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General Managir	and/or g Partner
ull Name (Last name first, if individual)	
tevens, Tim	
susiness or Residence Address (Number and Street, City, State, Zip Code)	
00 Concar Drive, San Mateo, CA 94402	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	

A. BASIC IDENTIFICATION DATA	
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the sach executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 	he issuer;
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and Managing P	
Full Name (Last name first, if individual)	
Goetz, Jim	
Business or Residence Address (Number and Street, City, State, Zip Code)	
900 Concar Drive, San Mateo, CA 94402	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and Managing P	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and Managing P	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and Managing P.	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and Managing Po	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and Managing Po	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/Managing Po	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	

**				В.	INFOR	MATION	ABOUT OF	FFERING				
1 11	·L - :14					:	vb:60i0	,			Yes □	No ⊠
l. Has	the issuer sold,	or does the i	ssuer intend i				_	ınder ULOE.		***************************************		
2. Wha	t is the minimu	ım investmen	t that will be				_			***************************************	\$	N/A
				•	•						Yes	No
	s the offering portion of the information										\boxtimes	Ц
	r the information ineration for so	•	•			-	-		-			
	on or agent of a five (5) person											
	er only.	s to be listed	are associated	a persons or	Such a broke	r or dealer, y	ou may set ic	rai tile iiitori		at blokel of		
Full Name	(Last name fir	st, if individ	ual)									
None	or Residence A	ddaac Olumi	har and Stran	. City State	Zin Codo)							
Dusiness (n Residence Ai	uaress (IAMIII	ber and stree	i, City, State	, Zip Code)							
Name of A	Associated Brok	cer or Dealer		•								
States in V	Vhich Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers					 		
(Check	"All States" or	check indivi	duals States)			***************************************			•		□ A	ll States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	: (Last name fir	st, if individu	ual)									
							-					
Business o	or Residence A	ddress (Numl	ber and Stree	t, City, State	, Zip Code)							
Name of A	Associated Brok	er or Dealer										
States in V	Vhich Person L	isted Has So	licited or Inte	nds to Solic	it Purchasers	 ;						
(Check	"All States" or	check indivi	duals States)		***************************************					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□A	II States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	(FL)	[GA]	[HI]	[ID]
(IL)	[IN]	(lA)	[KS]	[KY]	[LA]	(ME)	 [MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[KN]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	(TX)	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
				(17)	[01]		[47]	[""]			[""]	[1 K]
Full Name	(Last name fir	st, if individu	ıal)									
Business o	r Residence Ac	idress (Numb	per and Street	, City, State	, Zip Code)							
Name of A	ssociated Brok	er or Dealer										
States in V	Vhich Person L	isted Has Sol	licited or Inte	nds to Solic	it Purchasers							
(Check	"All States" or	check indivi	duals States)	••••••	•••••			*			☐ Al	1 States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[ОН]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[דט]	[V T]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			(Use b	lank sheet, o	or copy and u	se additiona	copies of th	is sheet, as no	ecessary)			

(C)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	UF PROCEEDS	
۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	indicate in the columns below the amounts of the securities offered for exchange and affeady exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$0	\$0
	Equity	\$ <u>5,614,136.25</u>	\$ <u>5,614,136.25</u>
	☐ Common ☑ Preferred		
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$0	\$0
	Other (Specify Exchange)	\$0	\$0
	Total	\$ 5614 136 25	\$ 5,614,136.25
	·	Ψ	<u> </u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		A4 -
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	12	\$5,614,136.25
	Non-accredited Investors	0	\$ <u> </u>
	Total (for filings under Rule 504 only)		\$0
	Answer also in Appendix, Column 4, if filing under ULOE.		J
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$0
	Regulation A	0	\$0
	Rule 504	0	\$0
	Total	0	s 0
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs	П	\$ 0
	Legal Fees	⊠	\$ 25,000.00
	Accounting Fees		\$ 25,000.00 \$ 0
	Engineering Fees		
		_	\$0
	Sales Commissions (specify finders' fees separately)		\$ <u> </u>
	Other Expenses (identify) Miscellaneous		\$0
	Total	\boxtimes	\$25,000.00

	total expenses furnished in response to	ggregate offering price given in response to o Part C - Question 4.a. This difference is	the "adjusted gross	I		\$ <u>5,58</u>	9,136.25
5.	the purposes shown. If the amount for	sted gross proceeds to the issuer used or proparty any purpose is not known, furnish an estimal ayments listed must equal the adjusted grost 4.b above.	ate and check the box to t	the			
				Officers,	nents to Directors & iliates	•	nts To iers
	Salaries and fees	·		□ s	0	□ s	
	Purchase of real estate			□ s	0	□ s	0_
	Purchase, rental or leasing and install	ation of machinery and equipment		□ s	0	□ s	0
	Construction or leasing of plant build	ings and facilities		\$	0	 \$ _	0_
	Acquisition of other businesses (incluused in exchange for the assets or sec	ding the value of securities involved in this urities of another issuer pursuant to a merg	s offering that may be er)	□ s	0	s	0_
	Repayment of indebtedness			S	00	□ s	0
	Working capital			□ s	0	⊠ \$ <u>5,58</u>	9,136.25
	Other (specify):			□ s	0	□ s	0_
	Column Totals			□ s	0	⊠ \$ <u>5,58</u>	9 <u>.136.25</u>
	Total Payments Listed (column	totals added)		ļ	⊠ \$ <u>5,58</u>	39,136.25	
		D. FEDERAL SI	GNATURE	<u>.</u>			
nde		ned by the undersigned duly authorized perso securities and Exchange Commission, upon w 2) of Rule 502.					
ssu	er (Print or Type)	Signature	, D:	ate			
	rio, Inc			ly 1, 2008			
	ne of Signer (Print or Type) s Barbin	Title of Signer (Print or Type) President and Chief Executive C					

ATTENTION ____

Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18. U.S.C. 1001.)